

MEDICAL SYMPTOM/TOXICITY QUESTIONNAIRE

The Toxicity and Symptom Screening Questionnaire identifies symptoms that help to identify the underlying causes of illness and helps you track your progress over time. Rate each of the following symptoms based upon your health profile for the past 30 days.

POINT SCALE:

0 = Never or almost never have the symptom
1 = Occasionally have it, effect is not severe

2 = Occasionally have, effect is severe
3 = Frequently have it, effect is not severe
4 = Frequently have it, effect is severe

DIGESTIVE TRACT

_____ Nausea/vomiting
_____ Diarrhea
_____ Constipation
_____ Bloating feeling
_____ Belching or passing gas
_____ Heartburn
_____ Intestinal/stomach pain
Total _____

EARS

_____ Itchy ears
_____ Earaches/ear infections
_____ Drainage from ear
_____ Ringing in ears / hearing loss
Total _____

EMOTIONS

_____ Mood swings
_____ Anxiety/fear/nervousness
_____ Anger/irritability/aggressiveness
_____ Depression
Total _____

ENERGY/ACTIVITY

_____ Fatigue/sluggishness
_____ Apathy/lethargy
_____ Hyperactivity
_____ Restlessness
Total _____

EYES

_____ Watery/itchy
_____ Swollen/red/sticky eyelids
_____ Bags or dark circles under eyes
_____ Blurred or tunnel vision
(does not include near or far sightedness)
Total _____

HEAD

_____ Headaches
_____ Faintness
_____ Dizziness
_____ Insomnia
Total _____

HEART

_____ Irregular/skipped heartbeat
_____ Rapid/pounding heartbeat
_____ Chest pain
Total _____

JOINTS/MUSCLES

_____ Pains/aches in joints
_____ Arthritis
_____ Stiffness/limitation of movement
_____ Pains/aches in muscles
_____ Feeling of weakness/tiredness
Total _____

LUNGS

_____ Chest congestion
_____ Asthma/bronchitis
_____ Shortness of breath
_____ Difficult breathing
Total _____

MIND

_____ Poor memory
_____ Confusion / poor comprehension
_____ Poor concentration
_____ Difficulty in making decisions
_____ Stuttering/stammering
_____ Slurred speech
_____ Learning disabilities
Total _____

MOUTH/THROAT

_____ Chronic coughing
_____ Gagging / frequent need to clear
_____ Sore/hoarse/loss of voice
_____ Swollen/discolored tongue/gum/lips
_____ Canker sores
Total _____

NOSE

_____ Stuffy
_____ Sinus problems
_____ Hay fever
_____ Sneezing attacks
_____ Excessive mucus formation
Total _____

SKIN

_____ Acne
_____ Hives/rashes/dry skin
_____ Hair loss
_____ Flushing / hot flashes
_____ Excessive sweating
Total _____

WEIGHT

_____ Binge eating / drinking
_____ Craving certain foods
_____ Excessive weight
_____ Compulsive eating
_____ Water retention
_____ Underweight
Total _____

OTHER

_____ Frequent illness
_____ Frequent/urgent urination
_____ Genital itch/discharge
Total _____

GRAND TOTAL: _____

Key to Questionnaire:

Add individual scores and total each group. Add each group scores and give a grand total.

● Optimal is less than 10

● Mild Toxicity: 10-50

● Moderate Toxicity: 50-100

● Severe Toxicity: over 100
